

U.S. Department of Justice
 United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF STEVE JACKSON		COURT CASE NUMBER 08 C 2520	
DEFENDANT SHERIFF TOM DART, ETAL.		TYPE OF PROCESS SUMMONS & COMPLAINT	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN MR. WARREN, SUP. CRW - SOCIAL WORKER AT COOK COUNTY JAIL		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 2100 SOUTH CALIFORNIA AVENUE - CHICAGO, IL 60608, 2nd Fl. Dr. Legal Dept.		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW			
STEVE JACKSON - #2006-0060297 COOK COUNTY JAIL P.O. BOX 089002 CHICAGO, ILLINOIS 60608		Number of process to be served with this Form 285	1
		Number of parties to be served in this case	11
		Check for service on U.S.A.	X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

FILED

Fold

Fold

AUG 05 2008 RC

Aug 5, 2008

MICHAEL W. DOBBINS

CLERK, U.S. DISTRICT COURT

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

DATE

06-10-08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 90911	District of Origin No. 24	District to Serve No. 24	Signature of Authorized USMS Deputy or Clerk RT	Date 06-10-08
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

Ronna Fernandes

Address (complete only different than shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Date 7/21/08 Time 12 ☐ am ☒ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
REMARKS: one service fee charged same case + location. See process sheet # 2 for charges					

PRINT 5 COPIES

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED